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9 May 2009

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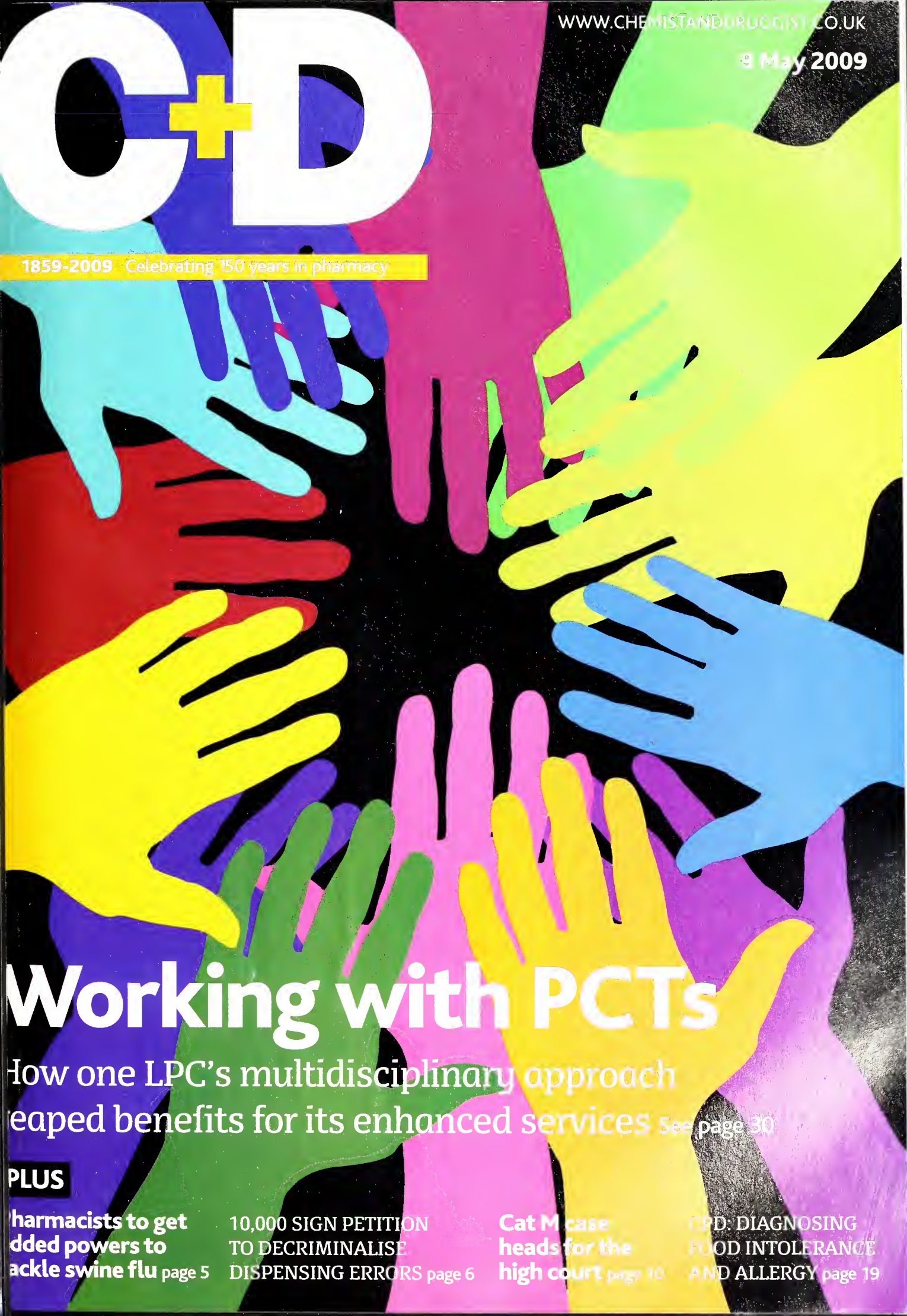

Working with PCTs

How one LPC's multidisciplinary approach reaped benefits for its enhanced services See page 30

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Levonelle® One Step™ 1500 microgram tablet
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9LVN04 Date of preparation: April 2009

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TABPI Awards 2008
Winner for news coverage

> AN OBVIOUS DRAWBACK IS THAT PHARMACIES SEE EACH OTHER AS COMPETITORS FIRST AND COLLABORATORS SECOND

For community pharmacy, it's a dog-eat-dog world out there. With the sector's income so heavily dependent on prescription volume, grabbing a greater share of green FP10s is an understandably rewarding occupation.

While you can argue that the system is a reasonably fair way of distributing the global sum, critics will argue that an obvious drawback is that local pharmacies see each other as competitors first and collaborators second.

Therefore, the argument goes, pharmacy remains a divided sector while our medical colleagues build on the security provided by patient registration to take the lead in developing and establishing fruitful local working partnerships.

Yet several stories in C+D this week turn this argument on its head and demonstrate how pharmacists can work together effectively to deliver benefits both to patients and to pharmacies.

Central Lancashire LPC's multi-disciplinary approach to delivering a pharmacy-based weight management service has been instrumental in getting the initiative off the ground (p30). Getting a GP PEC member on board helped the development team to build wider links within the primary care family and to develop a service that was endorsed by local GPs.

And with PCT staff and community pharmacists gaining a much better understanding of the challenges that the other faces, the value of the service is infinitely more than the £3,200 net profit earned by participating pharmacies.

Another example is Worcestershire LPC's pandemic contingency plan (p5 and online). Setting up clusters of pharmacies which then 'collapse down' to maximise manpower and maintain services is a remarkably simple and effective solution. Pharmacies working together to deliver effective solutions, who'd have thought it!

On a more national scale in England, the main pharmacy bodies are jointly working to deliver pharmacy's end of the white paper bargain (p4). A series of 'pan-pharmacy action teams' has been put together and dedicated to practical implementation. But what's missing is details – what work streams are the action teams working on, what are the preferred solutions, and what are the timescales?

England's pharmacy white paper is a rare opportunity to reinforce pharmacy's position as the primary gateway for NHS services for local communities, and it's great to see the sector taking a team approach to making this happen. But the process needs to be transparent if it is to engage grassroots pharmacists and deliver the culture change in working practices that will be needed.

The white paper project manager the bodies plan to recruit will have his work cut out, but if (s)he can help deliver this transparency and engagement, (s)he will be a key piece of the jigsaw.

Gary Paragpuri, Editor

Features

Plans for role in national ID card scheme trigger workload fears

RPSGB urges caution as government seeks pharmacy's help in identity card programme

Zoe Smeaton

Industry leaders have urged caution over proposals to use pharmacies to boost sign up for national identity cards.

The NPA was in talks with the government on whether pharmacists could record fingerprints and photographs needed for the documents as C+D went to press. A pilot scheme is due to start in Manchester this autumn.

But David Pruce, director of policy and communications at the RPSGB, warned pharmacists to "carefully consider" whether taking part could affect patient care.

He advised them to think about how they would deal with the potential extra workload and added: "Care must be taken to ensure that patient privacy is maintained and that conversations between the pharmacist and the patient cannot be overheard by people having their biometric data recorded."

The Manchester scheme comes as part of plans for voluntary national ID cards for all UK citizens from 2012. The government said it believed the best way to help people apply conveniently and cost effectively was for data to be collected at trusted high street businesses. Home secretary Jacqui Smith said companies would benefit from the "increased footfall" from offering the service.

Neal Patel, NPA spokesman, said the association was still looking at the details and possible opportunities associated with the proposals. The NPA would assess the business case for taking part, he said.

Pauline Thickett, Manchester LPC secretary, said the committee would need more details of the scheme and that payment and the extra work would need to be considered. She said: "I'm not sure how much time pharmacists would have for this but probably some would think it is quite a good idea as they already give out passport photos."

RPSGB: pharmacists should consider the extra workload linked with ID cards

Society funds boosted by retention fee rise

RPSGB finances received a £5 million boost from last year's retention fees hike to help counter the organisation's pension fund deficit.

Income from professional fees increased by 40 per cent to £17.5m, according the Society's 2008 financial statement. The gain tallies with the 40 per cent rise in 2008 retention fees.

But while the Society's books are overall in a healthy state, with total funds rising from £8.6m to £12.4m, its pension scheme has continued to prove problematic.

The Society's pension assets decreased in value in 2008. RPSGB finance and resources director Bernard Kelly said: "It can be tackled, like all pension schemes, over time. It will take effort and management."

Mr Kelly said negotiations were "ongoing" as to whether pension scheme liability would transfer in part to the NHS when staff move to the new regulatory body in 2010.

Society salary spending increased by £500k to £11.6m, despite a net gain of only six employees in the year. Mr Kelly confirmed any rise in salary during the year would have been "performance related".

For the RPSGB results in full go to www.chemistanddruggist.co.uk **CC**

THE FINANCIAL RESULTS IN FIGURES

40 | £12.4m | £11.6m

Increase in income from professional fees

Total funds held by the Society

Society wage bill last year

Hunt is on for white paper project manager

The national pharmacy bodies in England have joined forces to recruit a project manager to co-ordinate white paper implementation, C+D has learned.

The RPSGB, NPA, PSNC, CCA and AIMp have together divided the white paper targets into work streams to which they have allocated 'pan-pharmacy action teams' dedicated to practical implementation.

But each of the bodies has taken the lead in different work streams, to which the others contribute, and they believe a joint project manager will enable them to better co-ordinate and share progress. All five will contribute to the cost.

The RPSGB, which is leading the project manager's recruitment, already has CVs for a number of potential candidates and is creating a job specification for the position.

One role would be to co-ordinate and publish tighter timescales for progress, said NPA chief executive John Turk. The identified possible candidates were "a mixture" of those from pharmacy and non-pharmacy backgrounds, Mr Turk revealed. Both he and Howard Duff, RPSGB director for England, said the key skill was project management, and pharmacy knowledge would be "a bonus".

NPA-led work streams include the commissioned chlamydia test and treat service launched last week (see p6). It is also due to launch an NHS health check resource "very shortly"as part of the national vascular screening programme.

The CCA is leading the world class commissioning workstream with the NPA contributing a tool for rating PCTs' performances.

RPSGB-led projects include PhwSI frameworks, an overhaul of undergraduate education, diabetes and mental health toolkits and an MUR audit tool. **JR**

Special powers on the way to tackle swine flu

C+D news team

Pharmacists could get special powers to enable them to tackle swine flu should a pandemic be declared, C+D has learned.

UK-wide legislation changes to allow pharmacists to supply POMs without prescription were "underway", the Northern Ireland Executive's health department confirmed this week.

And the RPSGB was waiting for final parliamentary approval on powers that would allow it to draft in "suitably experienced" people to practise as pharmacists.

Pharmacy supply of POMs without prescription during flu pandemics was proposed in an MHRA consultation earlier this year. The plans will be passed into legislation, according to health officials in Northern Ireland, though there has yet to be a formal response to the consultation.

The MHRA said it was unable to comment while it was "still considering the outcome". The Department of Health in England was unable to comment as C+D went to press.

The RPSGB had asked all "suitable" pharmacists on its non-practising register if they would be willing to practise should swine flu continue to spread, a spokesperson told C+D.

News of the emergency powers came as pharmacists in affected areas experienced mixed public reactions to swine flu. Some had been inundated with queries and requests for antivirals and hand washes, while others reported limited interest (see map, below).

As the number of confirmed cases in the UK crept towards 30, the DH appointed a national director for NHS flu resilience. Current NHS North East chief executive Ian Dalton took up the newly-created position. The Department has also sent all UK households a swine flu information leaflet.

Sector feels left in the dark by NHS over flu

Community pharmacists have been left in the dark about swine flu by official information channels, industry leaders have said.

Some pharmacists had not received any information directly from PCTs or the government, C+D was told. AAH head of marketing services Ajit Malhi said: "They have had to go out and proactively find the information. I believe they should have had something more standard so consistent messages could go out from pharmacies."

Numark director of professional services Mimi Lau agreed: "We seem to be kept out of the loop. We're frontline healthcare staff but whereas GPs seem to have had all the detail we've had very little." And one NI pharmacist told C+D: "The GPs have been issued with face masks. We get nothing."

Pharmacy officials in Northern Ireland assured C+D that communication from health ministers was on the way. And the Scottish Government insisted it was ensuring that NHS board pharmacy directors and Community Pharmacy Scotland were kept "fully apprised of developments". The Department of Health was unable to comment as C+D went to press.

PHARMACY AND SWINE FLU: WHAT'S HAPPENING AROUND THE UK

Paignton
Mark Healey said his pharmacy had been inundated with queries after a local school was closed due to a confirmed case

Northern Ireland
Stocks of antivirals are to be delivered to pharmacies to be issued only on prescription if the situation escalates

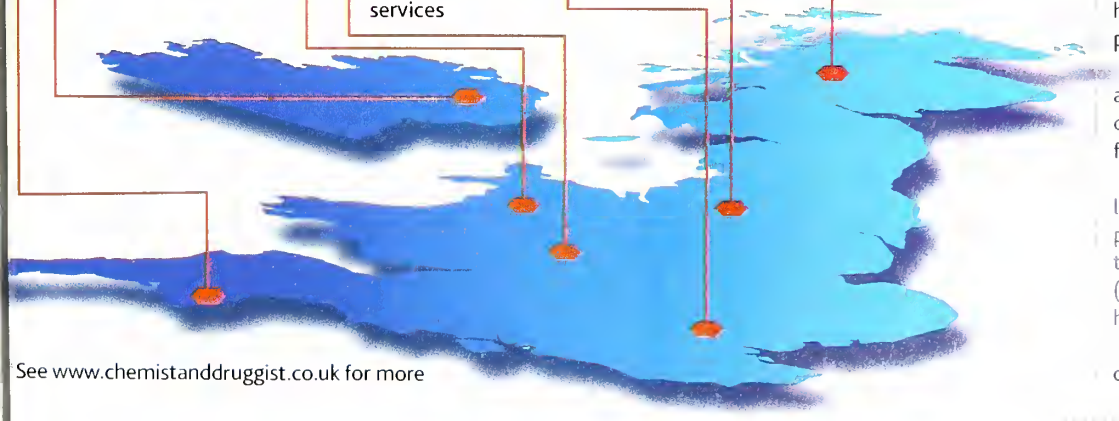
Wales
No cases confirmed as C+D went to press, but chief medical officer Dr Tony Jewell said he "fully expected" cases in due course

Worcestershire *
LPC secretary Les Yeates said the LPC had contingency plans to form pharmacy clusters to maintain services

London
Pharmacist Farhad Mazaheri said patients had been worried after a local school was closed, and his pharmacy had run out of hand gels. Several pharmacists reported an increase in the number of patient queries and say Tamiflu stocks in pharmacies have run out

Manchester
LPC member Paul Benson said most pharmacies' patients had not been asking about swine flu so far

Scotland
The office of the chief pharmaceutical officer is in close, often daily, contact with NHS board pharmacy directors and Community Pharmacy Scotland to ensure they know of developments



*See www.chemistanddruggist.co.uk for more

Comment

Swine flu: front line reaction

C+D reader Karen O'Brien owns Bay Pharmacy and Mayfield Pharmacy in Paignton, the town in which a 12-year-old-girl has been confirmed to have contracted swine flu.

"When the news came out I was working in my pharmacy which is in a medical centre. The surgery decided staff should wear masks and put up a sign asking people not to come in if they had symptoms of flu.

One mother still came into the surgery with a child who had been in the same class as the girl diagnosed with Influenza A (H1N1). Although they had a box of Tamiflu (with hand written instructions on how to take!), she believed she had been advised that her child should have a flu vaccine as the child was asthmatic. It took considerable effort to get her to leave.

Outside, many of the schoolchildren who had been sent home appeared to have just come into town and were wandering around the shops. We had lots of people coming in trying to buy masks, even though the message seems to be that masks aren't very much use, but we can't obtain any as the wholesalers are out of stock.

Although we appreciate the advice, it would have been nice to have been able to provide masks to people who wanted them.

We've also had high demand for alcohol hand washes and have dispensed one private prescription for Tamiflu.

I was concerned on the day over a lack of communication. I have five pharmacies in Torbay, all very close to the confirmed case of Influenza A (H1N1), and four of those pharmacies have received no advice at all.

However, we have had many communication updates since then."

In brief

Co-op profit rise

The Co-operative Pharmacy has reported a 19 per cent increase in operating profit to £37.8 million, as part of the Co-operative Group's preliminary year-end results. However, the Group blamed a 14 per cent fall in its pharmacy business's underlying profit on category M clawbacks.
www.chemistanddruggist.co.uk

Wales service review

The Welsh Assembly Government is to review its current system of pharmacy location decisions and appeals "to develop a more planned approach to the provision" of services.
www.chemistanddruggist.co.uk

Actavis launches training

Actavis has launched a free online training and information resource for community pharmacists. Actavis Academy Online offers training on topics from the pharmacy contract to the Darzi report and engaging with staff, including some courses accredited by the NPA.
www.chemistanddruggist.co.uk

Dispensing error petition gathers pace

Over 10 000 people including the RPSGB president had signed a petition to decriminalise dispensing errors as C+D went to press this week.

Steve Churton said it was vital the sector unites to change the law.

He said: "I [illegible] important to show [illegible] commitment.

"To my mind, the law [illegible] stands is not only unfair [illegible] outdated and does not reflect the nature of our modern profession."

Mr Churton confirmed he had met with the pharmacy minister Phil [illegible] to arrange a meeting to discuss the topic, but warned it [illegible] months to gain any real momentum behind the campaign.

Pharmacy Minister and locum pharmacist Steve Brine told C+D he was delighted with the level of support for the petition.

RPSGB plans template to ease locum pressure

Mandatory rest breaks also considered at Workplace Pressures forum

Chris Chapman

A standardised template to familiarise locums with location-specific working practices could be a "quick win" in the Workplace Pressures campaign, the RPSGB has said.

Mandatory rest breaks were also suggested as an area of focus at the Workplace Pressures symposium, held jointly by the Society and the Pharmacy Practice Research Trust at Founders' Hall, Clerkenwell last week.

The locum template would be designed to familiarise locums with how the pharmacy operates and would relieve pressure, said Society president Steve Churton.

He said: "A consistent template, held in every pharmacy that uses locums, would give in a very accessible way visibility to the key questions or messages that locums would value in order to get quickly assimilated into the environment."

Mr Churton's calls were supported by locum Lindsey Gilpin, who told C+D it was often difficult for locums to acclimatise to new surroundings.

She said: "I think it's an excellent suggestion. It's good to have a starting place rather than wade through everything."

A consistent template would introduce locums to new premises, Society president Steve Churton said

The symposium delegates, which included representatives from national bodies and major employers, looked to establish mandatory rest breaks for pharmacists.

Breaks were described by Mr Churton as "imperative" to minimise the risk of errors and allow staff to work in a "a safe state of mind".

In the next few weeks the Society will collate information on all the subjects discussed and assign ownership to specific projects, Mr Churton added.

NPA launches PCT-funded chlamydia test

London pharmacists are to provide a PCT-funded chlamydia testing and treatment service in what the NPA is hailing as a new commissioning model for the profession.

Three PCTs – Hammersmith and Fulham, Kensington and Chelsea, and Westminster – have commissioned the service from the NPA, which will act as the lead provider.

The NPA has in turn recruited members in the area who will provide the service and be paid through the association.

The NPA worked closely with LPCs, Boots and other stakeholders to develop the service, and NPA chief executive John Turk said: "This initiative, I hope, will be drawn on in the future as a model for community pharmacies to work collaboratively with other health service providers to dramatically improve health and wellbeing across the country."

The service in London is available to patients aged 13 to 24, and is supported by an extensive marketing campaign raising awareness of the risks of chlamydia and availability of testing.

The tests are carried out by a private laboratories firm on behalf of the NPA and the service is run through a web-based database. **ZS**

To find out more go to
www.chemistanddruggist.co.uk

Role in CVD prevention highlighted

A community pharmacy-based public health programme should be used to help tackle cardiovascular disease, according to a report from the School of Pharmacy, University of London.

Better use of preventative medicines, so-called polypills that would contain ingredients such as statins to reduce cardiovascular risk, should be combined with support for healthy lifestyles. Programmes could be based in pharmacies and might reduce cardiovascular disease deaths and disabilities by up to 50 per cent, the report found.

Prof David Taylor, author of the Winning Combinations report, told C+D more preventative work could be done through pharmacy. **ZS**

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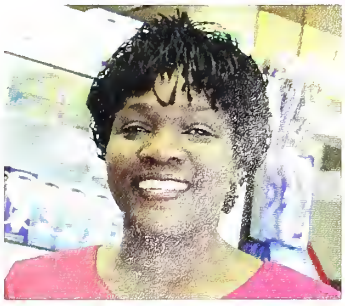
Reference: 1. Oliver TA et al. ... Highly effective against lice ...

Dispensary talk

What would you most like to see as a directed enhanced service?



"The health checks, such as CVD checks. I think it's already on the way in our PCT, but that's something I'm really interested in and would like to see."
Aina Osunkunle, K and A Pharmacy, Gateshead

"Minor ailments. It just seems so obvious, it's where we have most of our skills. We're trained in minor ailments and we're open on Saturdays."
Ali Hayes, Pines Pharmacy, Exmouth

Web verdict

Minor ailments 43%

Management of long-term conditions 12%

Health checks (eg vascular or diabetes screening) 45%

Armchair view: Respondents are split on the next step for pharmacy services, but seem to favour minor ailments and health checks.
Next week's question: Would you sign patients up for national ID cards at your pharmacy? Vote at **www.chemistanddruggist.co.uk**

Independents must unite, says Numark MD

EXCLUSIVE Sector must identify key issues and work together

Zoe Smeaton

The independent community pharmacy sector must speak with one voice to raise awareness of issues it is facing, the new managing director of Numark has warned.

Tony Mottram exclusively told C+D he believed the group was in a position to help influence the future of the independent sector, but that messages needed to be "aligned". He said Numark would be interested in partnering with other groups representing the sector, such as AIMp and the IPF, explaining they should "get our heads together to see what the key issues for independents are and align ourselves on those messages".

Mr Mottram was speaking to C+D after his appointment was announced. He said Numark had experienced a "fairly traumatic" 18 months [following the group's merger] with fellow virtual group Nucare. But the merger had acted to take the business forward and his plan was to continue with that development.

Tony Mottram: independent sector must speak with one voice

Mr Mottram said membership numbers continued to grow and stressed that compliance levels were high. "Commercially we're good and we are improving," he said.

Numark would continue to focus on its aim to keep members "profitable, sustainable and independent", Mr Mottram stressed. And it would seek to make life as easy as possible for members through offerings such as an online stationery service.

Commissioning of services remained a key challenge, Mr Mottram said, and Numark would enter conversations with PCTs where opportunities were identified.

John D'Arcy, formerly interim MD at Numark, returns to his role of commercial director at Rowlands.

London contractors turned out in force to deliver a pro-pharmacy message to their local MP last week. Over 150 pharmacists briefed Lib Dem MP Tom Brake (back row, centre) on their role in delivering NHS reforms as part of the pharmacy white paper. Mr Brake, MP for Carshalton and Wallington, said he was impressed by the health expertise at the Sutton, Merton & Wandsworth LPC meeting. Sexual health services and tackling chronic conditions were two immediate opportunities, the meeting heard. Mr Brake pledged to take a pro-pharmacy message back to colleagues at Westminster. The MP also agreed to visit a local pharmacy as part of C+D's Building Bridges campaign. MG

RPSGB accredits C+D support staff courses

Two RPSGB-accredited courses for pharmacy support staff are now being offered by C+D's training arm.

Benchmark is a brand new course for dispensing assistants, assessed by completion of practical exercises and online multiple choice questionnaires. The cost per student is £207 (including VAT), and covers all course materials and assessments.

The second RPSGB-accredited programme is Counterpart, for medicines counter assistants. The course has been running for over a decade, and the latest version has been updated to reflect changes in practice such as the new advice on cough and cold medicines for children. The 14 modules also feature new sections such as weight management, chlamydia, and diabetes testing.

Counterpart module packs can be shared by staff members and cost £41.13 (including VAT) each. The cost of registration is £47 per student, which includes a student workbook, assessment fees and a C+D Guide to OTC Medicines & Diagnostics.

Both courses meet the RPSGB's requirements for pharmacy support staff and have been mapped to the relevant NVQ units. Also, both courses have been mapped to the standards devised by Skills for Health, which are set to replace the NVQ later this year.

For more information go to www.chemistanddruggist.co.uk/staff training , or call 01732 377269. **AF**

Are you ready for the hayfever season?

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Date of Revision of Prescribing Information: April 2009

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Cat M case heads for the courts

Northern Ireland pharmacists hardest hit by clawbacks, claims PCC chief

Max Gosney

Category M will go to the High Court this month as contractors square up to ministers over "unlawful" raids on purchase profits.

Northern Irish pharmacy representatives are set to take on government officials on May 26 in a landmark case. The row centres on whether category M has been applied without the necessary approval from local contractors.

Unlike in England, Scotland and Wales, pharmacists in NI have not signed up to an official contract that includes the mechanism that caps purchase profits on NHS drugs.

Terry Hannawin, chief executive of the Pharmaceutical Contractors Committee, told C+D: "It been applied unlawfully, that's the nub of our case. We don't think it's reasonable or fair."

Pharmacists had been dealt a severe financial blow by category M since its launch in April 2006, he said. The fallout had been more severe in Northern Ireland than any other country as clawbacks had not been eased by an uplift in contract funding, he claimed.

Mr Hannawin added: "The English enjoyed a significant increase in their general funding, which would have helped mitigate the worst effects. Not having anything has made things all the more difficult."

Terry Hannawin: unlawful clawback mechanism is not reasonable or fair

Young pharmacists had been particularly affected by category M cuts, Mr Hannawin claimed. This group had often borrowed large amounts to acquire businesses, and so felt cashflow problems more acutely. However, the overall pharmacy market had also suffered, Mr Hannawin added. Up to 10 per cent of pharmacies were now up for sale as contractors struggled to come to terms with cashflow issues, Mr Hannawin said.

The PCC's Cat M court action represents the latest clash with ministers in over four years of fitful negotiations on a new pharmacy contract.

The NI Department of Health declined to comment on the court case.

PCC chief to stay on

Terry Hannawin has postponed plans to step down as chief executive of the Pharmaceutical Contractors Committee.

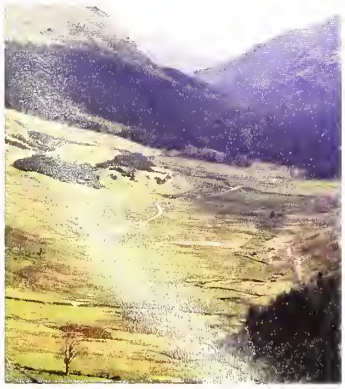
A number of "significant issues" had triggered Mr Hannawin's decision, including the upcoming court action on category M. He had originally planned to step down earlier this year.

PCC will instead look to recruit an assistant to the chief executive, with a possibility of this candidate being promoted to the chief executive role. Mr Hannawin will move to a part-time role from July this year. He plans to spend more time with his family's pharmacy business. **MG**

Do you support the decision to take legal action over category M in Northern Ireland?

mgosney@cmpmedica.com

Scottish row over rural contract applications



The BMA wants to protect dispensing doctors in rural areas of Scotland

Scottish pharmacists and GPs have exchanged fresh blows over pharmacy contract applications in rural areas covered by dispensing doctors.

The British Medical Association's call for the Scottish Government to suspend new pharmacy applications was "ill-informed, illogical and flawed", said contract negotiator Community Pharmacy Scotland (CPS).

The BMA had said that a "lack of transparency and involvement" in the pharmacy applications process was "unfair" to practices, which could lose their dispensing rights and therefore, the association claimed, vital income if a pharmacy contract was granted nearby.

But CPS countered that these claims ignored health boards' statutory obligations, took no account of accepted government policy and ran contrary to the rights and care of patients.

"Entry to the NHS board pharmaceutical list to provide pharmacy services is governed by fair and transparent processes defined in regulations," said CPS chief executive Harry MacQuillan.

The row erupted as the Scottish Parliament's Public Petition Committee continued to consider a petition, lodged by a patient late last year, which urged a review of regulations to ensure the continuance of dispensing GP services where a new pharmacy contract was granted.

Ministers have asked officials to provide them with initial advice on the regulations prior to the summer recess, the Scottish Parliament said in response to the petition. It will update the Public Petition Committee "in due course". **JR**

Nucleotide mix for IBS sufferers

Pro Bio Healthcare is launching a dietary supplement with a nucleotide formula to help provide long term relief for Irritable Bowel Syndrome (IBS) sufferers.

Intestaid IB contains a patented blend of nucleotides with added glutamine and vitamin B. Nucleotides are nutritional building blocks thought to repair and restore the gut lining.

The capsules are formulated to help maintain natural intestinal balance, a healthy gastrointestinal tract, efficient colon function and urgency support. Clinical trials conducted at the University of East London showed continuous improvement over time for all IBS symptoms including abdominal pain, urgency and diarrhoea when the product was taken by chronic IBS sufferers.

The product is suitable for vegetarians and is yeast and gluten free.

Prices and Pip codes: 60 capsules £24.99/323-4598
Pro Bio Healthcare
Tel: 01925 607292

MAM's fresh approach

MAM is relaunching its line up of baby bottles, cups, breastfeeding accessories, soothers and teethers.

The range now comes in modern new packaging designed to give the products bold, clear branding and more impact on shelf. White packs feature a new blue and white logo, new product photography and easy to understand age icons.

The range of BPA-free baby bottles is now available in a new selection of colours and designs.

The soother packaging features the company's partnership with The Foundation for the Study of Infant Deaths to promote its safe sleep message: settling your baby to sleep with a dummy – even for naps – can reduce the risk of cot death.

MAM UK; tel: 020 8943 8880

Carnation steps up its displays

Cuxson Gerrard is introducing two free-standing display stands for its Carnation footcare range.

The eye-catching stands are designed to help pharmacies boost sales and maximise on profits.

The stands come in two different sizes to give flexibility to individual pharmacies. The larger stand can display the full range of Carnation products, while the smaller one is suitable for pharmacies with less floor space.

The stands come flat-packed and are designed to be easy to assemble.

Cuxson Gerrard; tel: 0800 018 7117

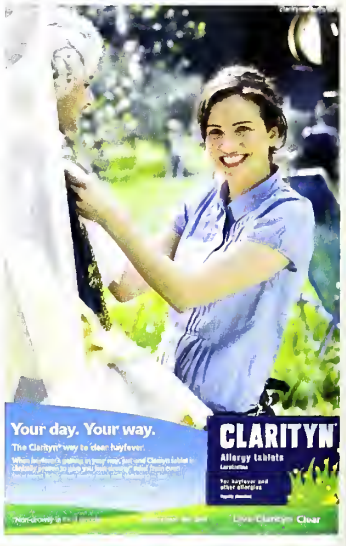
Live for the weekend

Schering-Plough is investing £1.6 million in a marketing and advertising programme for Clarityn Allergy during the hayfever season.

The core campaign, 'Living for the weekend', is designed to encourage hayfever sufferers to live 'Clarityn clear', by getting out and enjoying the outdoor events happening around the country this summer.

The programme includes TV, radio and print advertising and online activity. Tickets for some of the biggest shows and festivals in the UK and Ireland are being given away on the revamped Clarityn website.

Schering-Plough; tel: 01707 363636; www.claritynallergy.co.uk



Nivea's Gok Wan link

Nivea is sponsoring Gok's Fashion Fix series on Channel 4 until June 2.

The sponsorship is being used to showcase Happy Time Body Lotion and Nivea Visage Natural Beauty, which were both introduced earlier this year, plus Nivea Deodorant Double Effect.

Nivea branding runs through the programme's breaks, opening/closing accreditation and promotional trailers.

The sponsorship is designed to communicate with Nivea's key consumer target groups and includes an element of surprise, said Beiersdorf.

"Gok being a champion of high street fashion, with his heartland of clothes not fashion and real women not models, fits perfectly with Nivea Visage's aspirational but accessible beauty positioning," commented the company.

Beiersdorf UK
Tel: 0121 329 8800

Adios Tablets Adios Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Legal category:** GSL Further information is available from DDD Ltd, at the address above.

Levonelle One Step makes debut on TV

Levonelle One Step is being advertised on TV for the first time in a campaign which will run until the end of 2009.

The campaign aims to raise awareness that the product can be obtained over the counter at pharmacies as well as from GPs and family planning clinics.

Bayer Schering Pharma also hopes the advertising will dispel the 'morning after' myth surrounding the emergency contraceptive pill. The product can be taken for up to 72 hours after unprotected sex although it is most effective if taken within 24 hours, said the company.

The animated advert begins with a woman waking up next to her partner after experiencing a contraception mishap the night before.

The woman then takes a journey to a pharmacy to request Levonelle One Step from a pharmacist.

The advertising will only be broadcast after the 9pm watershed. A radio version of the campaign will also run throughout the year.

Bayer Schering Pharma
Tel: 01635 563000

Store boost for allergy brands

GlaxoSmithKline Consumer Healthcare is supporting Piriton, Piriteze and Flixonase Allergy with an eye-catching in-store campaign.

Pollen count indicators feature in new PoS material, which also includes shelf trays, out of category barkers, double-sided posters and an Allergy Advice Centre with information on the three GSK allergy brands.

Piriton and Piritize are both on TV this month in a £2.4 million advertising campaign that will run until late July. The brands will also benefit from sponsorship of GMTV's Pollen Count from May to August, with a special emphasis on National Allergy Week (May 18 to 22).

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.MyPharmAssist.co.uk

Benadryl ALLERGY RELIEF

On TV next week

Benylin Allergy Relief: All areas
Bimuno: STV, G
Clarityn: All areas
DulcoEase: GMTV, Sat
Levonelle One Step: All areas
Merial Frontline Spot On: C4, five, GMTV, Sat
PharmaSite for next week: **Panadol** – windows, **Panadol** – in-store, **Panadol** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

The Experts are back on TV

and bigger than ever

- **Big** hard-hitting new commercial launching 'The Bazuka Experts'
- **Big** Bazuka range - the expert answer for your wart and verruca customers
- **Big** sales - make sure you stock up now!

Bazuka that verruca. Bazuka that wart

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. Indications for Bazuka Gels: For the treatment of verrucas, warts, corns and calluses. Indications for Bazuka Sub-Zero: For the treatment of verrucas and warts. Directions for use for Bazuka Gels: For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the condition has resolved. This may take up to 12 weeks for certain verrucas and warts. Directions for use for Bazuka Sub-Zero: For adults, the elderly and children at least 4 years old: Assemble the device. Use the safety cap to 'charge' the foam applicator with the freezing agent for 3 seconds. Freeze the wart or verruca by applying the foam applicator for the prescribed period (seconds only). Some warts and verrucas should gradually fall off over the next 2 weeks, although it may be necessary to freeze them again (up to twice more), leaving 2 weeks between each treatment. Contra-indications, warnings and precautions for all Bazukas: Not to be used on or near the face, neck, armpits, breasts, bottom or genital (sex) area, or by diabetics or individuals with poor blood circulation to hands or feet. Not to be used on moles, birthmarks, hairy warts, any other lesions or damaged / diseased skin. Not to be used in cases of sensitivity to any of the ingredients. Localise treatment to individual lesions only. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep containers firmly closed when not in use. Highly flammable – keep away from flames. Avoid contact with clothing, fabrics, plastics and other materials as these may be damaged. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects for Bazuka Gels: Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. Side-effects for Bazuka Sub-Zero: Some pain, aching and stinging will occur. Discontinue treatment if this is unacceptable. Incorrect use may cause permanent injury. Legal Categories and costs: Bazuka Gel (PL 0173/0161, RSP £5.45 (£4.64 exc. VAT) for a 5g tube), and Bazuka Extra Strength Gel (PL0173/0154, RSP £6.35 (£5.40 exc. VAT) for a 5g tube) are [P] status medicines. Bazuka Sub-Zero (RSP £12.95 (£11.02 Exc. VAT) for 12 applications) is a Class 1 Medical Device.

Don't panic Mr Mainwaring

The good news is that the long range weather forecast for the summer is very good, so dust off the barbecue and stock up on sun block. The bad news is that the world is in the grip of the worst economic crisis since money was invented and we are all about to be killed by a deadly virus emanating from a sleepy little village in Mexico.

It's all completely true, except the last bit obviously. A pandemic of swine flu might sound like the end of the world, but most people with flu simply go to bed with a dose of Night Nurse and feel much better after a few days. I keep shouting at panic stricken members of the public and people in germ warfare suits on the telly: "It's only flu, for God's sake!"

Nobody in their right mind would volunteer for a dose of the flu, yet worse things happen at sea. Seasonal flu kills up to half a million people around the world every year, but getting sufficient patients to turn up for their annual flu vaccination is always an uphill struggle. There would be no shortage of people queuing up for a dose of Tamiflu this week however, counterfeit or not.

Patient response in my neck of the woods has been nonchalant, to say the least. Locals think that even a virus wouldn't arrive here without phoning first. The only people taking any notice are the PCT, who phoned to ask if I've got any Tamiflu or masks. To which I replied: "No, have you? And didn't you know that wearing a facemask is a waste of time?"

Tamiflu, our secret weapon against the deadly alien invader, is apparently stockpiled by the government in a heavily fortified bunker near Swindon. Those civil servants who have worked on flu pandemic planning for most of their careers must be relieved to finally get stuck into their job description. And the pandemic has arrived just in time to save the 23 million doses of Tamiflu in that bunker from having to be dumped because they had gone out of date. We might now get a chance to see if it really works.

All that planning seems to have paid off and the official response so far seems efficient and appropriate. The vast quantity of good information available on the internet perhaps explains why no-one except the PCT is bothering me with daft questions.

It's the ramifications of a flu pandemic that would be truly frightening, rather than the infection itself. With community pharmacy and its supply chain already near to breaking point, significant numbers of people off work would cause chaos in the NHS and increase the death toll dramatically.

I must remember not to panic and dig out that NPA information about pandemic planning...

> MOST PEOPLE WITH FLU SIMPLY GO TO BED WITH A DOSE OF NIGHT NURSE AND FEEL MUCH BETTER IN A FEW DAYS

Speaking about competition

It is always fun being a fly on the wall. The other week I was at the NHS Alliance Spring Conference. Pharmacy did get a mention. The pharmacy bodies have just produced a guide with the NHS Alliance, suggesting 10 high impact changes that PCTs can implement to improve pharmacy commissioning – something that is desperately needed. So that was a good start.

There were a number of things that got me thinking... firstly, Dr David Colin Tomé (the DH's primary care tzar) reinforced the importance of practice-based commissioning remaining practice-based because it enables GPs to take responsibility for the health of a defined population. He signalled clearly that the role of the GP in public health would expand, and that surgeries must become community health and wellbeing centres. So it looks as though pharmacy will have some competition for the niche we have set our sights on.

Despite much disillusionment with practice-based commissioning among the audience, I was also struck by the sense of positivity. There was a real 'can do' attitude. Whether they were discussing integrated care or dealing with the threat of GP-led health centres, the attending professionals were responding proactively and shaping their own destiny. For instance, the way GPs on the ground have dealt with the threat of new competition has been to form consortia to run these centres, gating out new market entrants. But I suppose you do have it easier when you are exempt from competition law.

The most eclectic speaker of the day was Cynthia Bower, chief executive of the Care Quality Commission (CQC). This body has to regulate 42,000 health and social care providers; from huge NHS trusts down to small owner-run care homes. To level the playing field, all healthcare providers will register with CQC which is consulting on the 16 standards providers must meet.

GP and dental premises will be covered by 2012, and there is talk of community pharmacy premises being registered with CQC in the current consultation about GPhC. That would seem to make a lot of sense. Pharmacy does not want to be the only one regulated differently – not least because PCTs may well insist on providers being CQC registered. So we should surely avoid anything that gives them an excuse to gate us out? I wonder what our leadership bodies are thinking about this. I will read their views on the future of premises regulation with interest; and so no doubt will CQC.

Georgina Craig is a healthcare consultant and former head of communications at the CCA

> GPS HAVE DEALT WITH COMPETITION BY FORMING CONSORTIA AND GATING OUT NEW MARKET ENTRANTS

09.05.09

Features

Food intolerance and allergy

Food intolerance and food allergy are often difficult to understand. So what advice can the pharmacist give – and who should be signposted to a GP or dietician?

60 second summary

Is food allergy as common as many people think?

A true allergy involves IgE and T cells and produces histamines and leukotrienes, leading to a rapid and potentially dangerous immune reaction within a trace of the offending food. However many reactions patients report in the pharmacy may be due to food intolerance rather than allergy.

How does food intolerance differ?

In intolerance, the more of the culprit food is eaten, the worse are the symptoms. Examples include lactose intolerance, responses to irritants or toxins, and gluten intolerance. Which is a slow-onset immune response accompanied by a rise in IgG antibodies.

This article (Module 1476) can help you meet the following CPD competencies: C1a, C1g, C1f, C2a, C2c.
See http://tinyurl.com/65o...

Dr Penny Stanway

One in five Britons claims to have a food intolerance or allergy that makes them ill, yet studies have often suggested food sensitivity affects many fewer people than is often claimed.

Double blind placebo-controlled food-challenge tests have reported reproducible food intolerance in only 1 to 2 per cent of adults, and provable food allergy in only 0.2 to 0.5 per cent. Children appear to be more susceptible but, even so, similar tests indicate that only 5 to 8 per cent have a reproducible food intolerance, and only 1 to 2 per cent a provable food allergy.

The reasons for this discrepancy between what these studies show and what the public thinks are unclear. One possibility is that some people may have problems with other foods or a non-food related factor may be making them unwell – but another possibility is that at least some studies have for some reason underestimated food intolerance and sensitivity.

Research has certainly shown that a number of specific problems are common. It is known, for example, that lactose intolerance alone affects one in 20 people of northern European descent, and nine in 10 of Mediterranean, Chinese, Arabic and black Afro-Caribbean descent, badly enough to cause difficulty digesting more than 200ml of milk.

Types of food intolerance and allergy

Reproducible adverse reactions to food can be allergic or non-allergic.

An allergic reaction is characterised by a rapid-onset immune response. Even a small amount of a culprit food provokes a response. The development of a food allergy requires repeated exposure to the food, although this may not be obvious: for example, peanut-allergic children who appear to react to their first ever peanut may have been sensitised by peanut (arachis) oil or other extracts in pre-prepared foods or skin products.

The allergic reaction releases powerful chemicals (eg histamine, which dilates blood vessels, and leukotrienes, which cause inflammation) and makes immunoglobulin E (IgE) antibodies attach themselves to particles of the food that have leaked into the blood, creating immune complexes that can block tiny blood vessels.

A non-allergic reaction ('non-allergic food hypersensitivity' or 'food intolerance') has several possible causes. The more of the culprit food eaten, the worse the symptoms. Triggers include:

- Lack of a digestive enzyme: eg lack of lactase causes lactose intolerance. Gut bacteria then ferment lactose, making the gut irritable.
- Foods that provoke a slow-onset immune response: eg gluten in wheat, barley, rye and, perhaps, oats, causes gluten intolerance. The response is associated with a rise in immunoglobulin G (IgG) antibodies specific to the food. These antibodies are protective and are not proven to cause the symptoms.
- Other – including irritants (eg chilli, food colourings, aspartame), pharmacologically active substances (eg caffeine, tyramine, monosodium glutamate), and toxins (eg from food-poisoning bacteria).

Common symptoms and timing

Allergic reactions

- Possible symptoms: itching around mouth, swelling of lips, mouth and throat, asthma, urticaria, flushing, allergic rhinitis, conjunctivitis, dark staining under eyes, migraine, nausea, vomiting, diarrhoea, wheezing, anaphylaxis.
- Time of onset after eating the food: usually within one to two hours, sometimes within a few minutes.

Lactose intolerance

- Possible symptoms: abdominal pain and rumbling, wind, bloating, diarrhoea, dry

skin, hormone problems, poor immunity, possibly depression.

- Time of onset: abdominal symptoms begin from a few minutes to three hours after ingesting lactose; others may take weeks or months.

Slow-onset immune reactions

- Possible symptoms: nausea, vomiting, abdominal pain, wind, diarrhoea, constipation, bloating, headache, temporarily raised weight and blood pressure, joint pain, flushing, mouth ulcers, eczema, cough, runny nose, conjunctivitis, rapid pulse, asthma, fatigue, muscle weakness, aching and stiffness, restless legs, depression, seizures, irregular periods, miscarriage, infertility, nerve disorders, osteoporosis, weight loss, pitted and discoloured tooth enamel, craving for the culprit food, cancer (eg raised risk of lymphoma in gluten-intolerant people who eat gluten-containing foods).
- Time of onset: usually within 72 hours; chronic symptoms may be ongoing.

What encourages intolerance or allergy?

Factors include:

- A family history of allergy.
- Formula-feeding, as infant formula lacks breast milk's IgA antibodies that help prevent undigested food particles leaking from gut to bloodstream.
- Starting solids before four to six months old.
- Disturbed bowel flora (eg after gastroenteritis or antibiotics).
- Irritated gut wall (eg from gastroenteritis, poor diet, alcohol, NSAIDs, stress). The gut 'leaks', allowing partially digested food particles to enter the blood. Irritation can also destroy lactase production.
- Too little stomach acid due to age, stress or prolonged use of antacids or acid suppressants. Acid enables pepsin to break down proteins but a shortage leaves undigested proteins capable of triggering allergy if absorbed from the gut.
- A poor diet lacking natural antihistamines (eg vitamins B_5, B_6, C) as these may help prevent allergic symptoms.

Common culprits

Food-allergic people generally react to only one or two foods, the most common being eggs, fish, shellfish, wheat, cows' milk, peanuts, other nuts, nut oils, seeds, oranges and strawberries. Peanut allergy is the most common cause of anaphylaxis.

People with a delayed-onset immune response may react to several foods, eg wheat, milk, oranges, bananas, eggs, fish, shellfish, nuts, seeds, beans, peas, lentils, tomatoes, yeast.

What can a pharmacist advise?

A food-allergic person should ideally avoid the culprit food, and definitely do so if symptoms have ever been severe (see Anaphylaxis on p19).

Advise mothers to breastfeed for at least a year, and not to give solids before the baby is four to six months old. If a woman has difficulty breastfeeding, advice should enable her to continue.

If the history and symptoms indicate mild food intolerance, it's wise to rule out problems that can cause similar symptoms. Many people identify food culprits by avoiding the suspect food. They may then avoid symptoms by eating less of it and/or eating it less often. Remind them to eat a good balance of protein, fats and carbohydrates and emphasise that a healthy diet, exercise, effective stress management and being a non-smoker help prevent food sensitivity.

Once a GP or dietician have confirmed food intolerance due to a slow-onset immune reaction (see the box, Tests the GP might do, in the online version of this article at www.chemistanddruggist.co.uk/update) the person should avoid the culprit food for three to four months. Eating only small amounts of the food infrequently (eg every four days) thereafter may prevent trouble.

Anyone with gluten intolerance should avoid gluten forever to avoid a raised risk of lymphoma.

The training of nutritional consultants and other complementary therapists varies in quality and some tests they recommend are unvalidated. If they recommend major dietary changes, it's wise to confirm the advice with a GP.

There is no good evidence to recommend kinesiology (muscle-strength testing while holding a food), dowsing, hair analysis, iris examination, pulse testing during contact with a suspect food, or Vega electrodermal testing (measuring changes in the electromagnetic field produced by contact with a food).

What about blood tests?

Most blood tests for immune-mediated food intolerance available through pharmacies measure IgG antibodies to various foods and recommend avoiding foods that considerably raise IgG levels. But these levels tend to rise in anyone eating that food; the blood's IgG pattern simply reflects recently eaten foods. And the more often a food is eaten, the higher the IgG. This explains why repeating tests leads to different recommendations. In addition to the risk of false positives, which could lead to someone avoiding foods unnecessarily, such tests can give false negatives and so fail to detect the real culprits.

While experts consider these tests unreliable and not useful, consumer research tells a different story. A recent study, validated by the University of York, of consumer feedback on tests carried out by York Nutritional Laboratories, revealed that 79 per cent of 2,500 people reported significant improvement from the test's recommendations, with over 70 per cent saying relief continued at least a year. But symptoms naturally fluctuate, the placebo effect is strong, the study is open to criticism and full double blind trials have not been done.

An expert committee appointed by the House of Lords in 2006 advised: "We urge GPs, pharmacists and charities not to endorse the use of [allergy self-testing kits] until conclusive proof of their efficacy has been established."

Leucocytotoxic tests, available by mail order, use microscopy to observe the effect of foods on white blood cells and platelets. But again their efficacy and usefulness remain unproven.

Which products might you recommend?

Certain supplements may help, though the evidence is not strong:

- Glutamine is essential for healthy stomach and gut-lining cells and is reputed to help prevent food allergy.
- Lactobacillus acidophilus tablets or other probiotic preparations (eg 'bio' yoghurt) may ease food sensitivity following diarrhoea or antibiotics.
- Chamomile tea contains natural antihistamines that may ease mild food-allergic symptoms.
- For lactose intolerance, lactase-containing tablets or liquid and low-lactose milk may help.
- For young children with cows' milk allergy or intolerance, find out what formula the doctor or paediatrician recommends before discussing products.

When should you suggest seeing a GP?

Refer someone if:

- Their symptoms suggest food allergy.
- You suspect they might have lactose or gluten intolerance.
- Their symptoms are worrying, unexplained or severe.
- They intend cutting out an important food such as milk or wheat.
- They are very young or old.

Are these problems permanent?

This depends on the problem and the person's age. Egg or cows' milk allergy in young children usually resolves, with up to four in five cows' milk-allergic children outgrowing their allergy before starting school. However, only one in 10 peanut-allergic children develops tolerance.

In contrast, lactose intolerance tends to worsen because ageing lowers the body's lactase levels.

Intolerance to wheat or sugar after diarrhoea, antibiotics or NSAIDs may last only two weeks.

More information

Allergy UK
www.allergyuk.org; helpline 01322 619898.
British Nutrition Foundation
www.nutrition.org.uk; 020 7404 6504.

Dr Penny Stanway MB BS has worked in general practice, child health and research. Her books include Breast is Best and the Natural Guide to Women's Health.

Get an RPSGB-approved CPD certificate for your portfolio when you successfully complete the 5 Minute Test online.
See page 22 for details.

NEXT WEEK'S UPDATE:
The factors that affect prescribing decisions

With you every step.

Carnation footcare is taking even greater strides in its commitment to pharmacy.

Carnation is rolling out a new range of product stands available in **three sizes**: the full stand displays 28 products, the medium stand allows you to combine 12 best sellers or a smaller shelf stand for 8 top selling products.

With Carnation's increased advertising and PR campaign and commitment to offering the best profit margins available in footcare there has never been a better time to **take the next step by seeing your Ceuta Pharmacy Business Manager or calling our national sales line on 0800 018 7117**.

CARNATION FOOTCARE

See your CEUTA healthcare key accounts manager or contact:

Cuxson Gerrard & Co. Ltd., 125 Broadwell Road, Oldbury, West Midlands B69 4BF

www.carnationfootcare.co.uk

For more Practical Approach scenarios see

Food intolerance and allergy – recording your CPD

Reflect

What is the difference between allergy and intolerance? Which foods may provoke a slow-onset immune response? Who is likely to suffer a food intolerance? What advice could you offer a peanut allergy sufferer?

Plan

This article describes food allergy and intolerance. It discusses the common culprits, symptoms, diagnosis and treatment and has advice pharmacists could give.

Act

If you have not done so, read the C+D Update article on allergies at home and work (C+D, February 28, p19-21) noting the information about allergy testing (Allergy UK **http://tinyurl.com/b2g8js**) and anaphylaxis (Anaphylaxis Campaign **http://tinyurl.com/bfu4og**).

Think what advice you can give. The Food Standards Agency has information at **http://tinyurl.com/d47qoa**.

Find more about allergy and intolerance from the British Nutrition Foundation at **http://tinyurl.com/dztk9r**.

Update your knowledge of coeliac disease by reading the C+D Update article (C+D, September 27, 2008, p17).

Revise the breastfeeding and weaning advice you could give to new mothers, with food sensitivity in mind, from the Food Standards Agency at **http://tinyurl.com/bkwqm5** and **http://tinyurl.com/25zmxo**.

Evaluate

Do you now understand the differences between food allergy and intolerance? Could you explain them to a patient? Are you familiar with the most common problem foods and the symptoms they produce? Do you feel confident about giving advice to patients?

5 minute test

What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2009 and receive your unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at www.chemistanddruggist.co.uk/mycpd

Step 3

Use your PIN to complete the assessment online or phone through your answers. Your test score will be recorded. If you successfully complete the 5 Minute Test online you will also be able to download an RPSGB-approved CPD certificate.

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269. Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get an RPSGB-approved CPD certificate for your portfolio when you successfully complete the 5 Minute Test online

Practical Approach

Exemption declarations

Salma Hussain, formerly pre-registration trainee at the Update Pharmacy and currently a locum pharmacist, is working her first day in a branch of a small multiple in England where she has not worked before. During the afternoon a district nurse brings in some prescriptions for items for patients she visits. Salma notices that none of the prescriptions are for children or adults aged 60 or over, although no exemption declarations on the backs of the forms have been completed.

"Are these all for people who have to pay prescription charges?" Salma asks.

The nurse replies: "No, they are all on some sort of benefit and don't have to pay."

"Well, the exemption declarations need to be completed if they are not going to be paid for. Perhaps as you're here you can do it?"

"I certainly could not," retorts the nurse. "For a start I don't know what benefits they are getting, and secondly I'm not going to take the responsibility for signing them. Anyway, what's the problem? I bring these scripts in here regularly and nobody's ever said anything to me about this before."

Salma asks the nurse to wait while she speaks to the pharmacy's dispenser. "That's right," the dispenser says, "we just tick one of the exemptions and the 'evidence not seen' box, then sign."

Salma is not happy with the reply. She asks the district nurse to return for the items in a little while and in the meantime decides what she should do.

Questions

1. What is the situation regarding pharmacy staff completing exemption declarations on behalf of patients?

2. What did Salma do?

Answers

1. Patients or their representatives should complete exemption declarations and pharmacy staff are required to check whether patients have evidence of their entitlement to free prescriptions. The 'evidence not seen' box should be marked if patients do not have evidence or where there is doubt over whether the evidence provided is genuine or appropriate.

Pharmacy contractors are in no way responsible for the accuracy of a patient's declaration; this remains the responsibility of the patient. Pharmacy staff can complete declarations on behalf of patients, but in doing so assume responsibility for their accuracy. PCTs check for prescription charge exemption fraud and patients found to have wrongly claimed face a penalty charge and in some cases prosecution. Pharmacy staff completing declarations on behalf of patients can also be held liable for false or incorrect claims.

Prescriptions on which declarations have not been completed are 'switched' and the prescription charge due is deducted from the pharmacy's remuneration.

2. Salma contacted the company's pharmacy superintendent and explained what was going on in the branch.

The superintendent instructed the staff to stop the practice and ensure that they did not sign declarations on behalf of patients unless they were certain the patients were entitled to exemption. The prescriptions were returned to the district nurse for the patients to complete the declarations.

This article can help with the following CPD competencies: G4a, G5c, G7c, C5a.
See http://tinyurl.com/68ox7b

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COMMITMENT TO PHARMACY

RPSGB is working with the profession to build a new professional leadership body for pharmacy

www.pharmacypb.com

Eye on the ball

As modern living takes its toll on our eyes, pharmacists should be on the front line of eyecare and could boost their businesses into the bargain, says Zoe Smeaton

Twenty-first century living can be tough. We are more stressed than ever, and as all healthcare professionals know, today's hectic lifestyles are starting to take their toll on the nation's health. And although we might not think about them as a top health priority, our eyes are one part of our bodies which really can't escape the effects of modern living.

With increasing incidence of diabetes, more travel to sun spots, more work and an ever ageing population, eye complaints are becoming more common.

So what exactly are the problems, and why should pharmacists be aware of them?

Chris Miller, business unit manager at Alcon UK, says with the increased use of computer screens, central heating and air conditioning in today's modern lifestyle, dry-feeling eyes are becoming a much more common problem. And Geoff Roberson, professional advisor for the Association of Optometrists, confirms that cases are increasing. He adds: "Around 15 per cent of people aged over 40 have some sort of dry eye problem, and it is much more common in women."

Mr Roberson advises pharmacists to treat the symptoms with lubricating eye drops unless there are signs of infection such as a discharge. Mr Miller adds: "We encourage pharmacists to talk to customers about their lifestyle in order to identify what factors may be contributing to their symptoms of dry eyes."

If there are signs of infection, pharmacists should have protocols to help them decide whether the patient can be treated in the pharmacy or need to be referred for further help.

Beyond simple infections, pharmacists are likely to see patients with symptoms of age-related macular degeneration, such as a blurring of vision and a deterioration of sight. Cataracts are also common in older people. If a pharmacist suspects either condition, Mr Roberson advises they should refer patients to an optometrist for checks. He suggests referral to specialists rather than to GPs, who he says are likely to have had little training and experience with eye problems.

> 'AROUND 15 PER CENT OF PEOPLE AGED OVER 40 HAVE SOME SORT OF DRY EYE PROBLEM, AND IT IS MUCH MORE COMMON IN WOMEN'

Another thing for pharmacists to be aware of is the effect of diabetes on the eyes. Mr Roberson says the condition can cause changes inside the eye which may lead to a permanent loss of sight. If any diabetic patients complains of blurred vision or sight loss, pharmacists "need to be alert to the possibility that something is going wrong and advise patients to get their eyes checked as a matter of urgency", he says. It is suggested that all diabetics have the backs of their eyes checked once a year, so pharmacists could also encourage patients to attend these regular checks.

But it's not all about referring patients on to other professionals, there are things pharmacists themselves can do, says Mr Roberson. "Encouraging patients to think about their eyes is always useful," he explains. For example, pharmacists could highlight the fact that smoking is a risk factor for cataracts to any smokers they are treating, as well as the link between cataracts and exposure to UV light, meaning patients should wear approved sunglasses when in the sunshine.

Dietary supplements can also be useful. Mr Roberson says there is "some evidence" that vitamin supplements could help patients with macular degeneration, and says pharmacists could recommend formulas specifically made for eye health. "Evening primrose oil is also quite helpful for dry eye sufferers," he adds.

Many pharmacies are already involved in eyecare, with some offering sunglasses and reading glasses, and companies like Boots, Asda and Day Lewis having separate opticians' businesses. Lloydspharmacy works with the Outside Clinic to promote awareness of the availability of home opticians. A spokesperson explains: "The service is free to eligible customers and aims to provide a quality service to those most isolated, particularly the elderly and those with mobility problems."

And if you really want to go big on eyecare, you could follow the lead of Ramesh Bhadresha, of Medirex Pharmacy near Vauxhall, London, which is linked to an opticians. Mr Bhadeshra says having an opticians on site is helpful when referring patients on for eye checks. For example, in many cases diabetic patients might "not make the effort" to actually get their eyes checked, he says, but having the optician on site means the pharmacy can keep track of patients and ensure they do.

There are also business benefits, he adds, as having another healthcare provider on site can boost the pharmacy's professional and clinical image to the public. "It gives it a clinical feel," he says, "and the optician communicates more formally with local GPs so that link builds up, and the GPs perceive us as being that much more professional."

So however far you choose to go, it's clear that at least some focus on eye health is likely to be beneficial to your patients, and in the long run, beneficial to your pharmacy.

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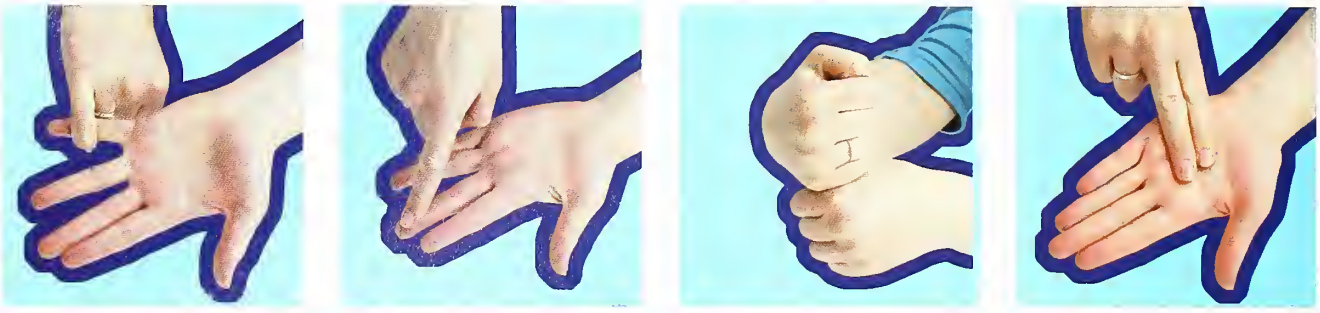
OTEX Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** An aid in the removal of hardened ear wax. **Directions:** For adults, children and the elderly: Instill up to 5 drops into the ear. Retain drops in ear for several minutes and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required. **Contraindications:** Do not use if the eardrum is known or suspected to be damaged, in cases of dizziness, or if there is, or has been, any other ear disorder. Do not use after ill-advised attempts to dislodge wax using fingernails, cotton buds or similar implements, or within 2 to 3 days of syringing. Do not use where there is a history of ear problems, unless under close medical supervision. Do not use if sensitive to any of the ingredients. Do not use at the same time as anything else in the ear. **Precautions:** Keep away from the eyes. For external use only. Replace cap after use, and return bottle to carton. **Side-effects:** Due to the release of oxygen, patients may experience a mild, temporary effervescence in the ear. Stop usage if irritation or pain occurs. Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness and tinnitus. Very rarely, unpleasant taste has been reported. If patients encounter any of these problems, or if their symptoms persist or worsen, they should discontinue treatment and consult a doctor. **Legal category:** P **Packs:** 8ml, RSP £4.65 (£3.96 exc. VAT). PL 0173/0151. *Source: IMS MAT volume and value sales.

If you don't know what these hand gestures mean, perhaps someone else in your pharmacy should. Offering some support for deaf patients is not only a legal requirement, but could help improve their care and remind you why you started the job in the first place, finds **Kathy Oxtoby**



times

When you are not well and need advice on your medicines, the last thing you need is an added complication. But for deaf patients, simply communicating with their local pharmacist can be difficult if no one in the store is trained in sign language.

Karen Johnson, a pharmacist technician at G R Pharmacy in Birmingham, had been learning sign language for just a few weeks when she first assisted a deaf patient. "He was so grateful to find someone he could communicate with. And I thanked him for being so patient with me," she says.

Ms Johnson felt it was important to learn sign language because "pharmacy staff are the first port of call for people suffering with ailments so we need to be able to communicate effectively with everyone".

And there is a growing number of people with hearing problems in need of support from the pharmacy profession, according to the charity The Royal National Institute for Deaf People (RNID).

Lack of deaf awareness and a shortage of front-line staff able to communicate with people with hearing problems are some of the challenges for this client group, says Katie Macdonald, training and consultancy manager for RNID.

But it is vital that pharmacists support people with hearing problems, not only because they are legally required to under the Disability Discrimination Act, but also because of the dire consequences that could result from a patient not understanding, the correct dosage of a medicine and its possible side effects. Pharmacists also have "a professional responsibility to do their best for all patients", says Alastair Buxton, head of NHS services for PSNC.

Some pharmacists, specifically those working in areas with large numbers of customers who have hearing issues, "should think about whether they or their team need specific training to help ensure they can adequately communicate with customers", advises Jane Lumb, Numark's training manager. Numark members have enrolled staff like Ms Johnson on relevant sign language courses through the organisation's bursary programme.

When Gordons Chemists offered staff the chance to attend an internal training course on communicating with deaf and hearing impaired patients, Toni Francis, pharmacy manager of one of its Belfast branches, was keen to take part. "I recognised such an opportunity would be invaluable to help me to improve the service I could offer these patients," she says.

Not being able to communicate clearly with patients with hearing impairments had left her feeling "frustrated". Ms Francis says the training course provided her with "a massive insight into the problems faced by deaf and hearing-impaired patients when trying to communicate with any healthcare professional". She believes it has enabled her to communicate with deaf or hearing-impaired patients "more efficiently than before, in a manner that hopefully puts the patient at ease".

> "UNDER THE DISABILITY DISCRIMINATION ACT, PHARMACIES MUST SUPPORT PEOPLE WITH HEARING PROBLEMS"

Paul Chatterton, a pharmacist for Intake, one of Weldricks' outlets in Doncaster, wanted to do a sign language course from his days studying pharmacy at university. Having completed a 15-week introduction to sign-language course at night classes, he asked the organisation for further training and is now studying to achieve a level two qualification from the charity Signature, formerly known as The Council for Advancement of Communication with Deaf People (CACDP).

Mr Chatterton believes being able to communicate with deaf people helps to ensure they get the right treatment. It also allows patients to talk to him about health problems in more depth and to feel comfortable enough to go to him with questions about their conditions.

Lloydspharmacy has also invested in several initiatives to help hard of hearing customers. Jamie Fogg, disability and discrimination advisor, explains the organisation provides its pharmacies with a fixed hearing aid induction loop to its counters and a portable induction loop for use within its consultation rooms. The pharmacy is also piloting a free hearing test service for customers.

As well as seeking specific training, there are a number of measures pharmacists can take to support people with hearing impairments. "Simple things like finding a quiet place to talk, looking directly at the person when you speak to them, checking that they understand you and avoiding jargon are all part of effective communication," says David Pruce, director of policy and communications at the RPSGB.

A pharmacy that is well lit with clear signage will make it easier for patients with hearing difficulties. Pharmacists should avoid the temptation to shout at patients with hearing problems, but use short sentences and give them the chance to write their request on paper, and prescriptions and instructions for medicines should be in plain English.

By playing a bigger role in supporting people with hearing problems, pharmacists can boost their business, enhance their skills and improve access for all patients. Even the simplest gestures such as a basic knowledge of sign language, can make a world of difference to those with hearing difficulties, Ms Johnson believes.

"When you're trying to sign to someone you can really see the appreciation on their face. And that gives you a wonderful feeling," she says.

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ces: 1. No. scripts reimbursed, DoH PCA 2007. 2. IMS Health Volume MAT December 2008
ition: A clear pale amber oily liquid. Each bottle contains Arachis Oil 57.3% & Chlorobutanol 5.0%. **Indications:** For the loosening and removal of ear wax. **Dosage and Administration:** 5 drops to be instilled with the head inclined, preferably when lying down. This may cause a harmless tingling sensation. le Cerumol tend to run out when the head is held up, a small plug of cotton wool moistened with Cerumol or smeared with petroleum jelly may be applied. Repeat as above twice a day for up to three days. **Contraindications:** Not to be used if the ear drum is perforated or if the ear canal is sore or inflamed. ons: Do not use for more than three days without consulting your doctor. Cerumol contains Arachis oil (peanut oil) and should not be taken by patients known to be allergic to peanut or Soya, the wax plug may cause deafness. **Legal Category:** P **Trade Price:** £21.12 **RRP:** £3.01 (inc 15% VAT). **Product Number:** PL 00240/0362 **Product Licence Holder:** Thornton & Ross Limited, Linthwaite, Huddersfield HD7 5QH. **Date of preparation:** March 2009.

Products for eyes and ears

Marketing boost for eye products

Systane Lubricating Eye Drops and ICaps are running a campaign in women's magazines to raise awareness about the importance of eye health. Those over 55 are particularly being targeted by advertorials as they are more at risk of age-related conditions.

ICaps is a dietary supplement containing antioxidant vitamins, minerals and carotenoids, designed to help maintain healthy eyes and good visual function.

Systane eye drops are for the relief of dry feeling eyes. The manufacturer says it contains a unique polymer system which upon contact with tears turns into a thin gel providing "comfort and long lasting relief from dry-feeling eyes". Systane is available in a 10ml bottle and single-unit dose vials.

Systane Lubricating Eye Drops, £6.70; ICaps, £10.33
Tel: 0800 092 4567 and www.icapsinfo.co.uk or www.systane.co.uk

New packs for EarCalm

EarCalm spray is to have new packaging which will be revealed to pharmacists shortly, the manufacturer says.

The spray is the only branded OTC product to treat infections of the outer ear, which are sometimes called "swimmer's ear" and GlaxoSmithKline Consumer Healthcare (GSK), in partnership with Ceuta Healthcare, will be increasing its focus on the spray in the summer months. The spray ensures better coverage than drop-based products, and can be used by recurrent sufferers for early self-medication, reducing the likelihood of the infection progressing, the manufacturer says.

It contains the active ingredient acetic acid (2 per cent) which, when applied directly to the external ear canal, acts to restore and maintain normal acidity in the ear.

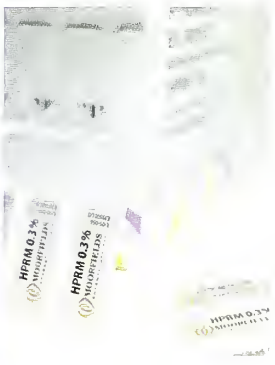
Price: EarCalm Spray 5ml, £6.45
Tel: Ceuta 01202 780558

Ear wax sufferers prefer OTC

While first-time sufferers of excessive ear wax tend to contact their GPs, on subsequent occasions they prefer to self treat with OTC products, research by Dendron, the maker of Otex Ear Drops, has shown. The manufacturer also found almost half of Otex users buy the product at least twice a year, and while 56 per cent of users are men, most purchasers are women.

Otex ear drops are "clinically proven to reduce the need for syringing", Dendron says. The drops contain urea hydrogen which reacts with moisture in ear wax, softening it and causing it to break up into small flakes which can disperse on their own. Otex comes in a plastic bottle designed to be squeezed easily, which has an integral dispensing nozzle to help reduce mess. The product is supported by TV advertising.

Price: Otex Ear Drops 8ml pack, £4.65
Tel: 01923 229251



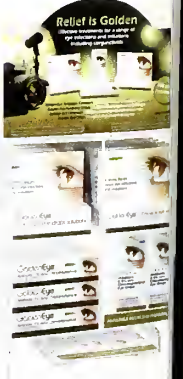
Artificial tears for dry eyes

Moorfields Hypromellose 0.3 per cent BP eye drops are available in single unit doses for convenience. The eyedrops are "artificial tears" which the manufacturer says lubricate the eye and provide relief from scratchy or uncomfortable eyes. These can be made worse by dry environments and tend to be more common as we age.

The eyedrops are a preservative-free formulation, which the manufacturer says is "less likely to cause additional irritation and is suitable for those with sensitive eyes".

Moorfields Hypromellose 0.3% eye drops come in single dose ampoules. Price: £5.75 per unit dose pack of 30
Tel: 020 7684 9090, www.moorfieldspharmaceuticals.co.uk

Golden Eye range for eye conditions



Golden Eye can offer pharmacies a counter display unit complete with consumer leaflets. Its range of relief products includes Golden Eye Standard Ointment and Drops, which are designed to offer fast relief from complaints including blepharitis and styes by killing bacteria associated with eye and eyelid infections.

Golden Eye Antibiotic Eye Ointment and Drops are used to treat acute bacterial conjunctivitis. They act to relieve pain, redness and irritation to help the eye heal quickly in patients over two.

Price: Golden Eye Ointment £4.45, Golden Eye Drops £4.26; Golden Eye Chloramphenicol Drops £4.88; Golden Eye Chloramphenicol Ointment £5.28. Tel: 01923 229251

Pharmacists: train your staff with C+D, the brand you've come to love

Counterpart

New! Updated for 2009 and accredited by the RPSGB

Counterpart is an accredited training course for medicines counter assistants. Written by a team of experienced community pharmacists, Counterpart will equip you with the knowledge required to recommend and sell medicines safely and effectively.

Staff will work through a set of 14* learning modules covering different therapy areas, such as weight management and diebetes monitoring. The learning modules can be shared with your colleagues, which makes the course the most economical on the market for the pharmacist. A telephone marking system means staff will get instant results when they complete each module.

Free C+D Guide to OTC Medicines with every registration

£41.13 (inc VAT) per set learning modules

£46 (inc VAT) per staff registration

Counterpart +

For just £60 per pharmacy (up to five staff members), Counterpart + helps pharmacy assistants keep their knowledge up to date. Three learning modules plus a question paper are published in each month's OTC magazine, and cover topics dependent on the season and what is happening in the market.

Students receive a certificate detailing their progress every six months. Furthermore, all members of staff registered on the programme who successfully complete one module per month will be entered into a monthly £50 prize draw.

£69 (inc VAT) per pharmacy (up to five members of staff). Additional staff can be added at £11.50 (inc VAT) per person.

Benchmark

New! Accredited by the RPSGB

Benchmark is an accredited training course for dispensary assistants. Written by a team of experienced community pharmacists and medical writers, Benchmark has been mapped to both the Pharmacy Services S/NVQ2 and the Skills for Health framework that will supersede the NVQ later this year.

Staff will work through five modules, and a series of exercises and activities designed to relate their learning to the pharmacy. Benchmark is assessed by an online marking service and workbooks will be marked by a supervising pharmacist before being submitted to C+D for external evaluation.

£207 (inc. VAT) per student

To register your staff on any of these courses, or to find out more, please call 01732 377269 or email pharmacytraining@cmpmedica.com

Does it feel like you're banging your head against a brick wall when trying to convince your PCT to commission enhanced services? Central Lancashire LPC's **Liz Stafford** reveals how a multi-disciplinary approach was key to getting a pharmacy weight management service off the ground

Working with PCTs

How did it come about?

Around September 2007, LPC members and local contractors were asked what enhanced service they wanted to deliver next so the LPC could support them by developing the service and getting it commissioned on their behalf.

Commissioning and PBC was relatively new, so the idea was to test the process to find out how it worked. There was a unanimous response in favour of a weight management service, which sounded easy enough. There is strong evidence to show community pharmacies deliver effectively on smoking cessation, so this should also apply to weight management – it's a similar behaviour change process.

It was decided to work with one of our PCTs where there had always been a strong working relationship between LPC and PCT and where there was an excellent track record of commissioning enhanced community pharmacy services and of service delivery.

It was hard to know where to start as the PCT had recently merged and restructured. PBC groups had been established and there was indeed an LPC member on the PBC steering and delivery group, and the public health directorate was working on the obesity and childhood obesity strategy.

We talked to many people including our friendly medicines management team and community pharmacy adviser, commissioning and public health directors, PEC leads, PBC leads and public health leads.

We were advised to use a PBC bid template to submit an outline pharmacy bid to the PEC. Using the DH 'lightening the load' toolkit, we compared local estimated statistics with practice data that showed there were 85,000 clinically obese people over 16 years, of which 53,000 were not registered as such by their GP.

What happened next ?

At the same time, the PCT was approached by the RPSGB's Leading Across Boundaries (LAB) programme working in partnership with the North West Strategic Health Authority to offer support by bringing together a range of healthcare professionals to develop and deliver a service together as part of a collaborative leadership programme.

It was a luxury to have six full days working together with the same group of people over an agreed time frame to bring a service to fruition. The project team included an LPC member, community pharmacist, PEC GP, PEC pharmacist, head of community dietetics, public health lead, commissioning lead, PBC manager, community pharmacy adviser, medicines management pharmacist and an obesity care pathway manager (dietician). The group objective was to develop a community pharmacy weight management service integrated into the PCT weight management care pathway.

The NPA also provided valuable project support along the way, for example by producing flyers and posters to meet the launch date.

What did we learn ?

We learned that a number of us thought we were the most qualified profession to lead on this. It was useful to have the underpinning leadership programme there to help us work through some ego/personality clashes in the beginning.

Some wanted to develop a service similar to the Coventry PCT model (see C+D, January 20, 2007, p27), but in hindsight that particular model was not the best one for this PCT at this time. There was more to be gained by developing a service the GPs would endorse and would refer patients in to – which was also one of our key objectives. A key success factor was having a GP PEC member working with us. Through her we gained access to other GPs and healthcare staff via the PCT protected education and training events (PETs) where we showcased our proposed service and sought their feedback.

After carrying out a local public survey to establish what people wanted in terms of a weight management service, the key factors were (1) that it was free at the point of delivery, (2) it was easily accessible and flexible and (3) that it was medically endorsed. All three were a perfect fit for a commissioned pharmacy service.

We learned of the significant other working priorities that the PCT staff had – and of their difficulties in a changing organisation with changing roles. They learned how community pharmacy operates and the reasons for our costing requirements, which many did not previously understand.

The service

This is a structured patient-centred programme based on delivering brief interventions and motivational interviewing, setting achievable goals over a 12-month period and reviewing maintenance. It is based on the Ealing PCT service and is designed to meet Nice guidelines. Personalised advice is provided on healthy lifestyle, diet and exercise.

The first part of the service is to engage people to raise awareness of the

ssue (being overweight) and then to assess their readiness to change. This part is common to all the weight management services within the PCT weight management care pathway, eg nurse-led services, community dieticians, weight watchers, exercise on prescription, gym or leisure centre. If the client is assessed as 'ready to change', they are offered the choice of being referred in to any service.

If they choose the pharmacy service, they are enrolled on to the programme, providing they do not meet the agreed exclusion criteria in which case they are referred to their GP.

Training and skill mix

Accreditation involved attending one-day and two-evening PCT-led workshops where role play was used to assess skills. CPPE weight management training accreditation is also a requirement.

Behaviour change skills could be further developed over six months through group facilitation and one-to-one sessions. This does not come easily for everyone and a significant amount of practice may be needed to fully develop the skills, which are the key to be able to deliver successful outcomes.

Currently, trained technicians can carry out only the first part of the service, though it is planned to develop the skill mix over time to train technicians to carry out the full programme.

Finance and commissioning

£60,000 from savings made by the PCT medicines management team was used to fund the rollout of the first 12 pharmacy project sites in September 2008. Recurrent finance was made available in 2009-10 to roll out a further 12 sites in March 2009, which have just gone live. The service was written into the PCT's world class commissioning strategic plan and, based on successful evaluation, we hope it will roll out to all pharmacies in the PCT.

The NHS Northwest SHA public health director is also keen to receive the final evaluation which will involve the University of Central Lancashire and this is likely to influence further rollout through community pharmacy across the region.

Fees for pharmacies are broken down into four staged payments resulting in a total payment of £160 per patient. Currently each pharmacy can recruit 20 patients, which means there is the potential for a net profit of £3,200. (All the validated equipment was provided by the PCT and training was funded.)

Going live

Focused effort and skill is needed to recruit patients and this gets better as pharmacists and technicians do more of it. As ever, for those pharmacists who have talked to their local GP practices and others about the service and where they are now getting referrals, life gets easier. The PCT pharmacy adviser is pleased with the feedback from pharmacists and their staff about their satisfaction in providing such a patient-centred service, though initially there was some apprehension about 'raising the issue', for some people.

What else was achieved?

The collaborative working of the local multidisciplinary group of healthcare professionals has developed a local clinical network, which can now go on to deliver more services. This in itself fulfilled a number of the world class commissioning competencies that PCTs need to demonstrate in the way they work with providers to develop the primary care market. The PCT medical adviser recognised this and became the project champion. He facilitated membership of the SHA clinical leaders network for those on the project team who wished to join.

The PCT has now identified additional funding for 'protected education time' for pharmacists and their staff in the same way that it provides for GPs and their practice staff.

The future

Pharmacy is an ideal venue to provide weight management services – for all the reasons we already know. Developing the skills to deliver effective patient/client-centred services is key to establishing long-term relationships with the public to support their health and wellbeing.

Pharmacy is also an ideal venue to offer the public a range or choice of weight management options to suit different individuals. Ideally one of those options should include a commissioned NHS clinical service as described above, which is free at the point of delivery to the public.

However other options may include private services eg private PGDs and the sale of new OTC products such as Alli. As long as there is a clear demarcation between the services pharmacy provides and a clear explanation is given to members of the public about the services offered and the options available to them, then this fits with the government's agenda to offer patient choice and personalised services. Pharmacy is in a prime position to do this – but we need to get the balance right.

The challenge for securing sustainable NHS commissioned pharmacy services is to demonstrate successful outcomes and to provide the evidence for this. It is important that we can do this to establish our credibility within the market.

HOW YOU CAN DO IT TOO

- Get agreement from the LPC members
- Work with the PCT as much as possible
- Talk to all the interested parties and get them on board
- Use a bid template and one available
- Make sure the money adds up
- Create a multidisciplinary project team
- Get a key GP onside
- Research the concept
- Get pharmacists and staff trained
- Encourage pharmacists to develop project with GPs
- Deliver the service well

NEXT WEEK Your 10-step guide to getting commissioned for an obesity service

C+D AWARDS 09

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Contact Claire Bradshaw on 0207 921 8359 or visit www.chemistanddruggist.co.uk/awardsbookings

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Train support staff

Every pharmacist has a vital role in training their pharmacy staff. **Asha Fowells** offers 10 top tips to getting it right

Good training makes good support staff, there's no question. From the moment a pharmacist steps into a pharmacy, he or she takes on the role of a trainer. This may be formal, as a pharmacy manager who needs to support a new member of staff through a distance learning programme. Or it may be more informal, maybe as a locum checking whether a counter assistant understands the products they are recommending.

But how many pharmacists have had any formal training to perform this vital role? If you can say that you've been taught how to train your staff, you're in the minority.

So what do you need to know when you agree to supervise a member of staff while they undertake a training course?

Staff need to be given support and time to study if they are to succeed

IDENTIFY THE RIGHT COURSE There's little point putting a Saturday counter assistant on a technician's course if they are unlikely to ever set foot in the dispensary. Find out what your staff member's ambitions and interests are, and map them to your business needs.

WORK OUT YOUR ROLES Once the course materials arrive, sit down together and discuss what each of you needs to do. A learning contract may feel like a strange thing to do, but it's a good way of formalising the agreement between you as a tutor and your staff member as a student.

MANAGE EXPECTATIONS Can you offer your staff member regular study periods, or are you expecting them to do some work at home as well as in the pharmacy during quieter times? How long do you – and they – anticipate taking to complete the course? Deciding these details in advance (and putting them in the learning contract) will minimise any future misunderstandings.

KEEP EVERYTHING TO HAND Make sure your staff member has everything they need. Do they need internet access? Reference sources, such as the BNF or C+D Price List? Remind your student to keep all course materials together, including their registration details. There's nothing more frustrating than going to submit answers down a telephone line or online, and realising you don't know your login details or PIN.

LET OTHERS KNOW Other staff members are likely to be called on to answer questions and offer advice to your student. Make sure they all know what their colleague is doing, and consider making them mentors if they may have a large supporting role.

SCHEDULE REGULAR REVIEWS These will not only help you know how your student is getting on, it will give them a regular slot to raise any concerns or run through any sections of the course they are struggling with.

MARK WORK ON TIME You want your student to get on with their course, so don't give them an excuse to lag by not marking their work promptly. And if there's work to submit to an external assessor, avoid delays by making sure everything is in order before posting it off.

STAY UP TO DATE It's not uncommon for tutors to struggle to answer the most innocent-sounding questions when asked by a student. Make sure you are doing your CPD and have an up-to-date range of resources (like the latest BNF, Code of Ethics, and C+D Guide to OTC Medicines) if required.

FIX FAILURES If a student fails part of a course, don't berate them – they are probably feeling bad enough as it is. Instead, look at where they may have gone wrong by running through the materials and their work with them, then encourage them to have another go when you think they are ready.

CELEBRATE SUCCESS When your student finishes a course, don't let it pass unnoticed. Put up the new certificate and let everyone know by mentioning it at a staff meeting, or putting something on your staff noticeboard. They may even be due a pay rise!

Your questions, answered

Do I have to offer all my pharmacy staff training, even if they don't ask for it?

C+D training development manager Asha Fowells responds:

The short answer is yes. Since 2005, pharmacists have had a professional obligation to ensure that all staff members who work on the pharmacy counter or in the dispensary must have completed or be undertaking a relevant training course. This applies to anyone involved in:

- selling OTC medicines and providing advice on symptoms and products
- prescription receipt and collection
- working in a pharmacy dispensary.

Under this requirement, all staff must be enrolled onto a training course within three months of starting their job, and complete their training within three years.

There are a few exceptions to this requirement, mainly:

- pharmacy students
- pre-registration pharmacists.

The following are not exempt:

- staff working only a few days a week
- weekend staff
- temporary staff
- pharmacy students who haven't started their university course
- staff who have previously worked in a pharmacy but haven't completed a training course.

Failing to train staff appropriately is considered a breach of the RPSGB's Code of Ethics and could lead to the pharmacist facing disciplinary action.

CAREER TIP OF THE WEEK

"Increase your confidence by becoming so familiar with likely areas of questioning at interview that you will be able to work out what the interviewer is really asking, even if the questions arise in different forms. Most importantly of all, you will know what you have to offer and what you want to get across in order to maximise your chance of securing the position."

Adapted from Brilliant answers to tough interview questions, by Susan Hodgson

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Postscript...

Mike Hewitson's diary of a new pharmacy owner

Media madness

Swine flu has arrived in Beaminster! Well, the panic has – sales of surgical masks and alcohol hand sanitiser have gone through the roof! Despite my best efforts to calm the panic, it seems that people do have genuine concerns about the safety of their nearest and dearest, and if it makes them feel safer is it so bad to profit from the situation?

At the other end of media hysteria, we've had possibly the most important OTC product launch of the last five years, Alli. While the advertising Armageddon that I was promised doesn't seem to have materialised, I have managed to sell a few packs and have had meaningful conversations about weight loss with another couple of patients.

Both of the successful consultations were interesting experiences as I never make the decision for the patient; I present the facts, answer questions and ensure that if the patient wants to try the medicine they can do so safely. "Not a miracle cure" is a phrase I have used every time, because I think it is important not to raise expectations too far.

Unfortunately for all of us, a 7st Daily Telegraph reporter conducted a highly scientific and representative sample of 10 pharmacies in south west London and was able to buy orlistat without too much bother. And another – from my personal nemesis, the Daily Mail – has produced a hatchet job on the product, and thinks that the OTC licence is just a way of circumventing pesky GPs who want to save patients from this highly dangerous drug!

> SALES OF SURGICAL MASKS AND ALCOHOL HAND SANITISER HAVE GONE THROUGH THE ROOF!

RAIDERS OF THE LOST ARCHIVES

C+D 1859-2009 Celebrating 150 years in pharmacy

England's youths needed a good war to straighten them out, C+D's January 1860 issue announced. Scorning the collapse of poisons legislation and other subjects relevant to pharmacy, the editor decided C+D was the perfect soapbox to revel in the glory of war.

"We are glad to see the youth of England abandoning the bandy cue for the rifle, and practising the 'goose step' in lieu of the Varsovienne," he declared in a bellicose rant about the Indian Mutiny, China and Italy. Despite professing that "like one of Dickens's heroes, we have a strong predilection for 'facts', particularly for those which bear upon Chemistry and Pharmacy", pharmacy issues were in the main mentioned only in passing. PostScript can only hope it doesn't go quite so far off tangent in its weekly round-up.

Potions and prizes

Two weeks ago, PostScript set a little quiz to find out what the weird and wacky remedies of Victorian medicine actually were (C+D, April 25, p38). The deserving winner, Oxfordshire pharmacist Uzma Chaudhry, a one-woman history lesson in 19th century medicine.

Ms Chaudhry knew that 'Dr Steer's opodeldoc' was a lotion for chilblains and that 'James' pills for the complexion' were pimple eradicators, which probably contained Cyprus water. And in case you were wondering, Turkey sponge, eau de cologne and leeches were used for bloodletting: the leeches would slurp on a vein, which was then wrapped with Turkey sponge and dabbed with aftershave to disinfect the wound. Ms Chaudhry will receive a C+D goody bag.

An honourable mention also goes to Weldricks pharmacist David Wayles, for his knowledge of the arcane mysteries contained in the 1722 Edinburgh Pharmacopeia.

This summer's must-have item

PostScript knows pharmacists will have heard health minister Alan Johnson denounce the use of face masks to defend against swine flu, and so is taking a strange delight in the myriad of bizarre gob-coverers on display around the world. A quick glance on the internet reveals galleries of decorative surgical masks to protect against piggy flu that would put even Michael Jackson to shame.

Moustaches, butterflies, skulls, and even grins like Batman's nemesis The Joker have been scribbled onto the protective gear by worried – yet style-conscious – patients around the world.

Even if swine flu begins to dissipate, maybe surgical masks will become the must-have fashion accessory of the summer. It's only a matter of time before a celebrity starts sporting one...

Expand your clinical role

We know that understanding and interpreting clinical tests is vital to help you with the diagnosis and monitoring of disease states and drug therapy.

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The course consists of six educational modules:

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- Cardiovascular
- Respiratory
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Visit **www.chemistanddruggist.co.uk/pharmacists** or call **01732 377269** to find out more and to order your course materials.

*Please note that those ordering the course materials only, and subsequently deciding to register, will have to pay the full registration fee of £150

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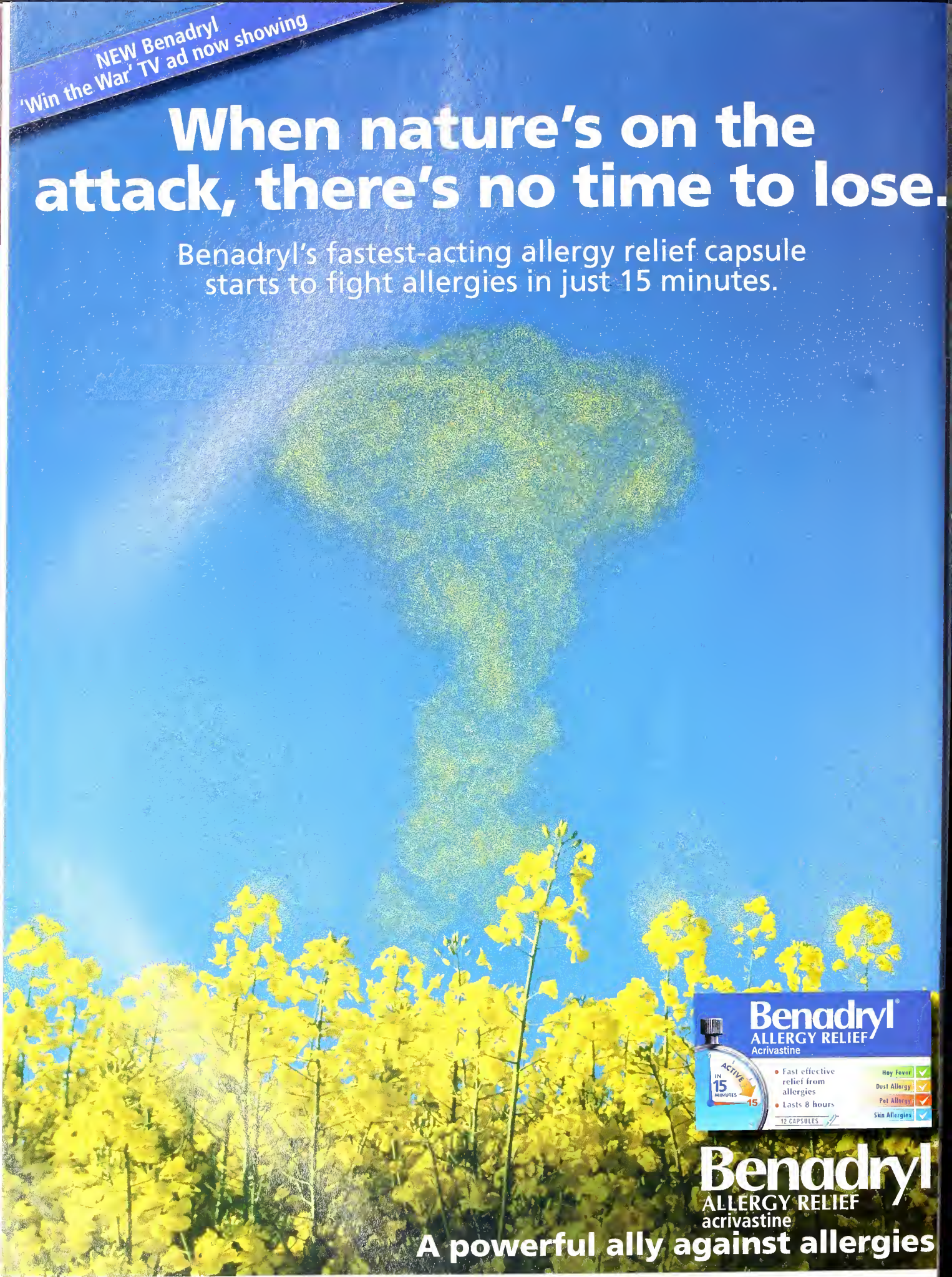

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